



**BUSINESS AND PROFESSIONS DIVISION** REAL ESTATE APPRAISER SECTION P.O. BOX 9048 OLYMPIA WA 98507-9048 (360) 664-6504

## REAL ESTATE APPRAISER RENEWAL AFFIDAVIT

Make remittance payable to State Treasurer. Send this application with your remittance to: **Department of Licensing** PO Box 9048 Olympia, WA 98507-9048

FOR VALIDATION ONLY		

In order to renew and prevent interruption of your license or certification you must read, complete, and sign this affidavit and return it with the following:

A. Copies of your course completion documentation for **28 hours** of continuing education. B. The required \$407.00 renewal fee. C. If submitted after your expiration date, enclose an additional \$38.00 late penalty fee. D. Your Social Security Number (Required per RCW 26.23.150)\_ Please answer the following questions. If you answer "YES" to any of the questions, submit a detailed response. 1. Has any professional or occupational license or permit issued to you been ☐ YES □ ио suspended, revoked, censured, or fined in this state or any other jurisdiction within the last two years? 2. Have you had a civil court order, verdict, judgement or administrative action entered against you in any court or competent jurisdiction in which the subject ☐ YES □ ио matter involved real estate or business-related activity, or have you entered a plea of nolo contendere within the last two years? 3. With the exception of motor vehicle violations, have you ever been convicted Пио ☐ YES of a crime, felony, or misdemeanor by this state, any other state, the federal government, or any other jurisdiction within the past two years?

I certify under penalty of perjury that I have read and understand RCW 18.140 and WAC 308-125, and that the statements herein are true to the best of my knowledge and belief. I also certify that I shall comply with applicable rules and regulations and understand the penalties for misconduct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my certification/license to practice as a certified/licensed real estate appraiser in the state of Washington.

Applicant's Name (please print)			
Signature of Applicant X	Date		
If you have had a change of address, please provide the following information:			
New Street Address			
City, State, Zip			
Mailing Address (if different)			
City, State, Zip			
New Telephone No. ( )			